

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI									
STANDARD CERTIFICATE OF DEATH									
FILED JUN 14 1957									
STATE FILE NUMBER 17 593									
Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 262									
1. PLACE OF DEATH a. COUNTY JASPER					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN					c. CITY OR TOWN JOPLIN				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.					d. STREET ADDRESS 2105 1/2 E. 7TH ST.				
3. NAME OF DECEASED (Type or print) First HELEN Middle MARIE Last MOTE					4. DATE OF DEATH MAY 28, 1957				
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH SEPT. 26, 1920		9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE ASSIST. S.W. BELL TELE. CO.					10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) 0 CARTHAGE, MO.	
13a. FATHER'S NAME PAUL H. GREEN					13b. MOTHER'S MAIDEN NAME NELLIE RIDGWAY			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO					16. SOCIAL SECURITY NO.			17. INFORMANT Address MRS. NELL M. GREEN, 601 N. PEARL AVE.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation c Cardiac arrest. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 8-23-51 to 5-28-57 and last saw her alive on 5-28-57 Death occurred at 5-28-57 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Alice H. Wilson, M.D. (Degree or title)					22b. ADDRESS 1923 Sergeant, Joplin, Mo			22c. DATE SIGNED 5-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE 6-1-57		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,			23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					25. DATE RECD. BY LOCAL REG. 6-3-1957		26. REGISTRAR'S SIGNATURE Dore Merriam		

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1958

SEP 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.